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**REQUEST FOR WITHDRAWAL  
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|                        |               |
|------------------------|---------------|
| Application Number     | 10/510,532    |
| Filing Date            | Oct. 7, 2004  |
| First Named Inventor   | ASCHER, et al |
| Art Unit               |               |
| Examiner Name          |               |
| Attorney Docket Number | 32439A        |

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.  
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: File Transfer

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| Address   | 1940 East 6th Street, 6th Floor |       |       |                  |               |
| City  | Cleveland                       | State | OH    | Zip              | 44114-2294    |
| Country   | US                              |       |       |                  |               |
| Telephone   | (216)771 3800                   |       | Email |                  |               |
| Signature   |                                 |       |       |                  |               |
| Name  | John D. Thallemer               |       |       | Registration No. | 34,940        |
| Date  | May 16, 2006                    |       |       | Telephone No.    | (609) 6278507 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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